Encephalitis and Anthrax Diseases in Southern States

50. DR. DASARI NARAYANA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Southern States of Andhra Pradesh, Tamil Nadu and Karnataka are prone to deadly encephalitis and Anthrax diseases;

(b) if so, the details of cases which came to notice during the last three years, State-wise and disease-wise; and

(c) the precautionary measures Government have taken to contain these diseases in these States, particularly Anthrax which is spreading terror throughout the globe?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR): (a)Yes, Sir.

(b) The data available with National Institute of Communicable Diseases and National Anti malaria Programme is given below:—

ANTHRAX

States	1999		2000		2001	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Karnataka	8	5	NIL		4	2
Orissa	NIL		43	3	NIL	

Japanese Encephalitis

States	1999		2000		2001	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Andhra Pradesh	1036	203	343	72	Nil	Nil
Assam	11	2	158	69	241	113
Bihar	Nil	Nil	77	19	31	3
Delhi	Nil	Nil	Nil	Nil	1	Nil
Goa	10	2	15	3	2	0
Haryana	121	56	74	43	37	15
Karnataka	679	98	438	45	73	6
Kerala	46	4	164	2	Nil	Nil
Maharashtra	Nil	Nil	2	Nil	Nil	Nil

States	1999		2000		2001	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Maharashtra	Nil	Nil	2	Nil	Nil	Nil
Manipur	42	2	Nil	Nil	Nil	Nil
Punjab	7	6	Nil	Nil	Nil	Nil
Tamil Nadu	14	5	4	Nil	Nil	Nil
Uttar Pradesh	1371	275	1170	253	625	132
West Bengal	91	27	148	50	11	3
Total	3428	680	2593	556	1020	272

(c) Government has initiated the following actions:

For Anthrax

(i) A national workshop was conducted at the NICD in September, 2001 for developing surveillance mechanism for pathogens with biological warfare potential including that of anthrax.

(ii) An issue of CD alert (monthly Newsletter of NICD) on bio-terrorism with special reference to anthrax was circulated in October, 2001 to all the concerned health authorities in different states and Union Territories. The issue also covered the guidelines to be followed during biological war/terrorism and effective handling of suspicious envelops/package.

(iii) Guidelines for packaging, transportation of clinical specimens and processing protocol in laboratories were circulated to all the Medical Colleges in the country.

(iv) A meeting on chemical and bio-terrorism was organised on 29th October, by the Department of health which was participated by the Secretaries of Home & Health, Director of health Services from various States/Union Territories. The representatives from the States informed the preparatory measures taken by them and assured availability of drugs in adequate quantity to tackle any situation.

(v) National Institute for Communicable Diseases, Delhi has been identified as the nodal agency to for investigations of any specimen suspected for anthrax.

(vi) A round the clock control room is functioning at NICD from 19th October, 2001 where suspected envelops/packages are being received for tests.

For Japanese Encephalitis (JE)

Directorate of National Anti-Malaria Program (NAMP) regularly monitors incidence of JE through States/UTs. Specific actions taken by NAMP are:

(i) Based on epidemiological trends advance warning are given to the States.

(ii) Technical guidance and assistance are provided to States through correspondence and periodic visits of NAMP officers.

(iii) Insecticides and spray equipment/fogging machines supplied to States under NAMP are utilized by the states for containment of outbreak.

(iv) National Institute of Virology, Pune, National Institute of Communicable Diseases, Delhi, School of Tropical Medicine, Kolkata and All India Institute of Hygiene and Public Halth, Kolkata have been involved for epidemiological investigations and viral confirmations.

(v) Training workshops for PHC, Medical Officers in endemic states are arrnaged for better case management to reduce case fatality rate.

(vi) Following strategy has been recommended for prevention and control of Japanese Encephalitis:

— Early case detection, prompt and adequate case management

— Vector control

— Information, Education and Communication

— Vaccination of high risk JE prone population groups.

AIDS vaccine

51. SHRI RUMANDLA RAMACHANDRAIAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Scientists have made available an AIDS vaccine and they are confident that this vaccine will control the AIDS disease;

(b) if so, whether this vaccine will be introduced soon and will be 100 per cent effective;